FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

14366	529		
OMB APPR	OVAL		
OMB Number:	3235-0076		
Expires:			
Estimated average burden			
hours per respons	se 16.00		

SEC USE ONLY							
Profix	Serial						
DATE RECEIVED							
1	1						

	Washington, D.C. 20549	Expires:		
PROCESSED SEP 0 4 2008	CESSED FORM D			
PRO LONGS	NOTICE OF SALE OF SECURITIES	SEC USE ONLY		
SEP 04 2000	PURSUANT TO REGULATION D,	Prefix Serial		
DEUTERS	SECTION 4(6), AND/OR	DATE RECEIVED		
THOMSON REUTERS	FORM LIMITED OFFERING EXEMI	PTION		
Name of Offering (check if this is an ar	nendment and name has changed, and indicate change.)			
Kelly Van Gogh Hair Colour Cosmetics		☐ ULOE		
Filing Under (Check box(es) that apply): [Type of Filing: New Filing	Rule 504 Rule 505 Rule 506 Section 4(6)	(MILLER COLOR		
	A. BASIC IDENTIFICATION DATA			
1. Enter the information requested about the		08059064		
·	dment and name has changed, and indicate change.)			
Kelly Van Gogh Hair Colour Cosmetics I Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
Muness of Executive Offices	(Number and Street, City, State, 24) Code)	Telephone Number (Including Alea Code)		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
Brief Description of Business		CEO Nall Professing		
Type of Business Organization corporation business trust	limited partnership, to be formed	lease specify): 4UG 2 7 2008		
Actual or Estimated Date of Incorporation or Gurisdiction of Incorporation or Organization:	Month Year Organization: Actual Estim (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)			
GENERAL INSTRUCTIONS				
Federal: Who Must File: All issuers making an offering 77d(6).	of securities in reliance on an exemption under Regulation D o	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.		
and Exchange Commission (SEC) on the earlie	than 15 days after the first sale of securities in the offering. or of the date it is received by the SEC at the address given be Juited States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities allow or, if received at that address after the date on		
Where To File: U.S. Securities and Exchange	Commission, 450 Fifth Street, N.W., Washington, D.C. 203	549.		
Copies Required: Five (5) copies of this notice photocopies of the manually signed copy or be	te must be filed with the SEC, one of which must be manually ear typed or printed signatures.	y signed. Any copies not manually signed must be		
	tain all information requested. Amendments need only report d any material changes from the information previously suppl			
Filing Fee: There is no federal filing fee.				
State:				
ULOE and that have adopted this form. Issuare to be, or have been made. If a state requ	on the Uniform Limited Offering Exemption (ULOE) for salers relying on ULOE must file a separate notice with the Sires the payment of a fee as a precondition to the claim for iled in the appropriate states in accordance with state law.	securities Administrator in each state where sales r the exemption, a fee in the proper amount shall		
	ATTENTION			
	ate states will not result in a loss of the federal ex esult in a loss of an available state exemption unle			

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer General and/or ☐ Beneficial Owner Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Director General and/or Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Beneficial Owner Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer Director General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				B. IN	FORMATI	ON ABOU	r offeri	NG						
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes	No					
2. What is the minimum investment that will be accepted from any individual?								s_25,6	s_25,000.00					
3. Does the offering permit joint ownership of a single unit?								Yes	No					
Full Name (Intormati		DIORCI OI	Jeaner Only	•	· ·					
Business or	Dasidanca	Address (N	umber and	Street Ci	ty State 7	in Code)		.						
	Residence	Audiess (1		Jacon, C.	, 51010, 2									
Name of As	sociated Br	oker or Dea	aler											
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers								
(Check	"All States	or check	individual	States)		***********		••••••	·····	••••••	∏ Al	All States		
AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR		
Full Name (Last name	first, if indi	ividual)											
Business of	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)								
Name of As	sociated Bi	oker or De	aler									·		
States in W								· · ·						
(Check "All States" or check individual States)							***************************************	All States						
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR		
Full Name	Last name	first, if ind	ividual)											
Business o	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)	<u> </u>							
Name of Associated Broker or Dealer														
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers								
							[] Al	l States						
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
Type of Security	Aggregate Offering Pric	ė	Amount Already Sold
	2		s
			\$ 500,000.00
	,		<u> </u>
	•		c
· · · · · · · · · · · · · · · · · · ·			\$
•			
Other (Specify)	. 500 000 00	 ì	\$ \$ 500,000.00
		_	\$_550,550.50
· ·			
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate			Aggregate
			Dollar Amount of Purchases
A constituted Transplants			\$ 500,000.00
			*
			\$
· · · · · · · · · · · · · · · · · · ·			\$
•			
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of		Dollar Amount
	•		Sold
			\$
Regulation A		_	s
Rule 504		-	\$
Total		_	\$_0.00
securities in this offering. Exclude amounts relating solely to organization expenses of the insurer.			
Transfer Agent's Fees			\$
Printing and Engraving Costs			\$
Legal Fees	•••••	Z	\$10,792.13
			\$
		$\overline{\Box}$	s
• •		$\overline{\Box}$	\$
			\$
		 	\$ 10,792.13
	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Price Offering Price Security Debt	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	<u>7</u> \$ 60,000.00	 \$
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery and equipment[s
	Construction or leasing of plant buildings and facilities	s	s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬\$	□\$
	Repayment of indebtedness		
	Working capital		
	Other (specify):		
		_	_
		s	
	Column Totals	Z \$ 489,207.87	s 0.00
	Total Payments Listed (column totals added)	\$ <u>_48</u>	9,207.87
	D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writter	
SSI	uer (Print or Type) Signa/ure I	Date	
Ke	Ily Van Gogh Hair Colour Cosmetics LLC	8112/01	8
Va	ne of Signer (Print or Type) Title of Signer (Print or Type)		
ell	y Van Gogh Managing Member		
			- · · · · · · · · · · · · · · · · · · ·

----- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

